

Date Application & Fee Received _____

License Number _____

Approved for License _____

Issue Date _____ Expiration Date _____

APPLICATION FOR LICENSURE TO PRACTICE DENTISTRY IN THE STATE OF WYOMING

WYOMING BOARD OF DENTAL EXAMINERS

1800 Carey Avenue 4th Floor
Cheyenne WY 82002
(307) 777-7387

Please type or print neatly.

INSTRUCTIONS TO APPLICANT: Before completing your application, please review the enclosed Rules and Regulations, Chapter 3 to ensure you are applying for a dentist license under one of the three categories of licensure for which you are qualified. That is, there are **THREE (3)** different paths to obtaining licensure as a dentist in Wyoming:

- 1) New Graduate (graduated within past 12 months of application submission from approved Dental School)
- 2) Licensure by Credentials for Experienced Licensed Dentist (licensed in another state with 5,000 hours/5 years experience or proof of Specialty Degree)
- 3) Alternative Licensure (candidates who do not meet New Graduate or Licensure by Credentials for Experienced Dentist)

If the space provided for any answer is insufficient, complete the answer on a separate sheet of paper, sign it, and specify the number of the question to which it relates. All applicants for licensure must submit to a jurisprudence examination as prescribed by the Wyoming Board of Dental Examiners. The application, application fee, and proof of graduation must be sent to the above address at least 45 days prior to the scheduled Wyoming jurisprudence examination.

Please mark **ONLY ONE** of the following categories for which you qualify for licensure:

_____ I am a **NEW GRADUATE**. (I have graduated from a CODA accredited Dental School within the past twelve months of submitting this application and I passed, or intend to take, a regional or clinical examination which consists of **EACH** of the following four categories:

- 1) Endodontics
 - 2) Fixed Prosthodontics (see Chapter 3 for specific criteria),
 - 3) Periodontics, **AND**
 - 4) Restorative Dentistry (see Chapter 3 for specific criteria)
- If applying as a New Graduate, complete pages 1 thru 6 and 9 thru 12.

_____ I am currently **CREDENTIALLED** by another state and have significant clinical experience. (In addition to holding a dentist license in another jurisdiction, I have either:

- 1) Proof of continued practice of 5,000 hours and 5 years practice experience preceding my submission of this application; **or**
 - 2) I have an ADA recognized Specialty Degree or equivalent
- If applying by Credentials, complete pages 1 thru 5, 7 and 9 thru 11.

_____ I am an **ALTERNATIVE** applicant who:

- 1) Graduated from a CODA accredited Dental School more than twelve (12) months ago;
- 2) Has obtained or maintained clinical competency as outlined by Chapter 3, Section 3 through:
 - a) Specified hours of clinical continuing education;
 - b) Clinical examination within the past twelve (12) months; **or**
 - c) Performing at least 1,000 hours of active clinical practice in the past twelve(12) months in another jurisdiction in which I hold a license

If applying by Alternative, complete pages 1 thru 5 and 8 thru 11.

SECTION A: All APPLICANTS TO COMPLETE THIS SECTION

1. Name: _____
Last First Middle Initial Previous Names Used
2. Social Security: _____ Date of Birth: _____
3. Citizenship: U.S. Other (U.S. Code Title 8, Chapter 14, Section 1621 requires proof of legal presence in the United States. Attach acceptable documentation from enclosed List A and B.)
4. Home Address: _____ Telephone Number(s): _____
_____ () _____
5. Business Address: _____ Telephone Number(s): _____
_____ () _____
6. Preferred Address for Correspondence: Home Business

The Board often receives requests for a list of license holders from organizations offering continuing education courses, or other information, which could be of interest to you. The list provided includes your name, license information and business mailing address, which by law are public records. If you have not provided a business address, your address appears on this list as "Address Not Available".

7. Preferred Email Address: _____

8. HIGH SCHOOL EDUCATION:

Name and location of high school attended:	Period of attendance:
1 st year _____	_____
2 nd year _____	_____
3 rd year _____	_____
4 th year _____	_____

I graduated from the _____ High School in

_____ in _____
(City, State) (Month) (Year)

9. COLLEGE OR UNIVERSITY EDUCATION: (as separate from dental education)

Name and location of institutions attended:	Period of attendance:
1 st year _____	_____
2 nd year _____	_____
3 rd year _____	_____
4 th year _____	_____

I have received the degree of _____ from _____

in _____ 20 _____
(Month) (Year)

10. DENTAL EDUCATION:

Name and location of institutions attended:

Period of attendance:

I was granted a Diploma as a Doctor of Dental Surgery (D.D.S.) _____ or Doctor of Dental Medicine (D.M.D.)

_____ by _____ located at _____

State of _____ in _____ 20 _____
(Month) (Year)

If specialist, list Specialty: _____

Date and place of Graduation: _____

Date and place of Board: _____

11. ARMED FORCES:

Give detailed statement regarding any service in the armed forces during the last ten years, including dates of active service, rank, serial number, locations, last commanding officer, and your last service address. If separated from the service, state nature of separation, and, if other than honorable, specify type thereof and circumstances surrounding your release. Give full particulars as to any conviction by court martial while serving in the armed forces. (Attach statement)

Branch of Service _____ Serial Number _____

12. BASIC LIFE SUPPORT: I have current Basic Life Support (CPR) certification. Yes _____ No _____

13. CHARACTER:

Have you ever held a license, other than as a dentist, the procurement of which required proof of good character?
Yes _____ No _____ As to each license, state type of license, the date it was granted, and the name and address of issuing authority.

Have you ever been suspended or expelled by any high school or college for any cause?
Yes _____ No _____ If so, state reasons fully, giving the name of school, date and cause.
(Attach statement)

14. OTHER APPLICATIONS:

Indicate license(s) in all states where you are currently or have been previously licensed. Begin with your original license. Note carefully any licenses not currently in good standing.

State(s)	License Number	Issue Date	Expiration Date	Current Status
		Month/Day/Year	Month/Day/Year	Active, Inactive, Other (Explain Other)

15. The last year I actively practice dentistry was: _____

16. DISCIPLINARY ACTION:

Have you been suspended from practice, reprimanded, censured, or otherwise disciplined or disqualified as a dentist or a member of any profession? Yes _____ No _____

Have you been denied a license to practice any profession in any state? Yes _____ No _____

Have you been disciplined by any educational institution? Yes _____ No _____

If you checked "Yes" to any of the above questions, please attach a separate statement setting forth the facts, dates the action took place, final disposition of the matter, and the name and address of the entity from whom the Board office may request and receive records/verifications of your statement(s).

17. CONVICTIONS:

(a) Have you ever been convicted of a felony or misdemeanor other than a speeding or parking violation? Yes _____ No _____ If so, state date, location, and nature of offense.

(b) Are any criminal charges or investigations pending against you? Yes _____ No _____

If you answered "Yes" to any of the questions above, please attach a separate statement with the following information: full details/facts surrounding the event(s) including dates; exact name and location of court; case/docket numbers; final disposition of the matter. If no court records are available, give to the best of your ability the names and addresses of all persons involved, including counsel, and location where the offense was adjudicated.

18. MENTAL AND PHYSICAL HEALTH:

Have you ever been adjudged an incompetent person or an insane person by any court? Yes _____ No _____ If "Yes", please attach statement giving full explanation.

Have you ever been a patient in any sanitarium, hospital, or mental institution for treatment of mental illness? Yes _____ No _____ If "Yes", attach a statement giving full explanation, including name and address of all doctors and institutions who provided treatment.

Are you now, or have you ever been, addicted to, or have you undergone treatment for, the use of narcotics or other similar controlled substances, illegal drugs or the use of alcohol? Yes _____ No _____ If so, attach statement giving full explanation which identifies all substances, types of treatment, dates of treatment, length of treatment and providers of treatment.

19. JUDGMENTS/BANKRUPTCIES:

Are there any unsatisfied judgments against you resulting from the practice of dentistry? Yes _____ No _____ If "Yes", list details, giving amounts, dates and the nature of the judgments, and the reason for non-payment. (Attach statement)

Have you ever filed a voluntary petition for bankruptcy? If "Yes", explain. Yes _____ No _____

20. REFERENCES: Six (6) references are required. Three (3) are to be personal and three (3) are to be dental.

If applying for licensure as a new graduate, please request each of your references send a letter directly to the Board office on your behalf. If applying for licensure by credentials or alternative, only state the names of your six references.

PERSONAL: State names of three persons with whom you are personally acquainted and have had association within the past ten years. Do not use immediate relatives or spouse.

Name _____ Occupation _____

Name _____ Occupation _____

Name _____ Occupation _____

DENTAL: State names of three dentists and/or dental hygienists who know you. **These should be other than those named in questions regarding the Testimonial.** (If you have not practiced previously, give the names of hygiene school instructors, etc.)

Name _____ Occupation _____

Name _____ Occupation _____

Name _____ Occupation _____

SECTION B: To be completed by **NEW GRADUATE** Applicants only. Upon completion of this section, proceed to Section E:

1. NATIONAL BOARDS:

I have passed all parts of the National Board examinations: Yes _____ No _____
Date _____ Year _____

(You must have the National Board send a copy of your grade card directly to the Board office.)

2. REGIONAL BOARDS:

Regional Boards will be accepted provided the applicant has demonstrated clinical competency in EACH of the following FOUR areas:

1. Endodontics, including access opening of a posterior tooth and access, canal instrumentation and obturation of an anterior tooth.
2. Fixed Prosthodontics including one of the following: (check the subcategory which applies)

- (A) _____ A full crown procedure,
- (B) _____ An indirect cast class II inlay,
- (C) _____ An indirect cast class II onlay, or
- (D) _____ Cast $\frac{3}{4}$ crown

NOTE: IF AN INDIRECT INLAY, ONLAY OR $\frac{3}{4}$ CROWN PROCEDURE IS DONE ON A PATIENT, THE APPLICANT SHALL BE REQUIRED TO HAVE PASSED AN **ADDITIONAL RESTORATIVE PROCEDURE SET FORTH IN #4 UNDER "RESTORATIVE DENTISTRY"**

3. Periodontics, including scaling and root planning on a patient in clinical setting.
4. Restorative Dentistry, including a class II amalgam or composite preparation and restoration and a class III composite preparation and restoration. No slot preps will be accepted.

I have passed EACH of the above identified components by taking a regional examination: Yes _____ No _____

Date _____ Year _____

(You must have the testing agency send a copy of your grade card directly to the Board office.)

5. Complete this question only if you have received a dentist license in another jurisdiction since graduation. In the following blank, identify all states in which you obtained a dentist license and the approximate dates of the license issuance: _____

I understand that as a current license holder in another jurisdiction, the Board requires that I submit to a Professional Background Investigation Service (PBIS) inquiry. I submitted an application to PBIS on Date _____ Year _____

Note: If PBIS has not submitted its report to the Board at least 45 days prior to the next scheduled Board jurisprudence exam date, the Board office may notify you that you are ineligible to sit for the examination until such time as the Board receives the PBIS report in conformity with this rule.

SECTION C: To be completed by CREDENTIALLED applicants only. Upon completion of this section proceed to Section E:

1. Identify all states in which you are currently licensed as a dentist along with date of licensure issuance:

_____	_____
State	Date License Issued
_____	_____
State	Date License Issued
_____	_____
State	Date License Issued

2. To obtain a license by credentials, you are required to have completed **5,000 hours of continued practice AND five (5) years of practical experience** prior to application submission OR possess a Specialty Degree (or ADA equivalent). Please complete the appropriate box which fulfills either one of these criteria:

_____ I possess 5,000 hours of continued practice AND five (5) years of practical experience prior to submitting my application. (By checking this box, I understand that the Board shall request a PBIS background check report which shall verify that my practice hours and years of experience meet this requirement).

_____ I possess a Specialty Degree or ADA equivalent as previously identified in this application. (By checking this box, I understand that the Board shall request a PBIS background check report).

3. I submitted an application to PBIS on Date _____ Year _____
Note: If PBIS has not submitted its report to the Board at least 45 days prior to the next scheduled Board jurisprudence exam date, the Board office may notify you that you are ineligible to sit for the examination until such time as the Board receives the PBIS report in conformity with this rule.

SECTION D: To be completed by **ALTERNATIVE** applicants only (which includes those who do not meet the criteria of a “New Graduate” or “Credentialed” Applicant). Upon completion of this section, proceed to Section E.

Applicants applying for ALTERNATIVE licensure consist of those applicants who graduated from a CODA accredited Dental School more than one (1) year prior to submission of this application and who have obtained and maintained clinical skills as otherwise outlined by the Board’s Rules and Regulations (Chapter 3, Section 3): Information provided below is subject to verification by PBIS. Please **CIRCLE** (and **CHECK** when indicated) one of the following three options which may satisfy current clinical competency standards:

OPTION 1: I received passing scores from any regional or state clinical licensure examination within the past twelve (12) months of submitting this application **AND** passed **each clinical component set forth in Section B, Question 2** of this application above.

OPTION 2: I passed a regional clinical examination within the past five (5) years of submitting this application and have maintained clinical competency by successfully completing the equivalent of ten (10) hours of clinical (hands on) education for each calendar year following the receipt of my passing clinical score on regional boards.

If you have selected Option 2, please provide a separate statement indicating which regional clinical examination you took and the date you passed the examination along with either a brief statement (or certificates) which verify and explain how you have fulfilled the ten (10) hours of clinical education requirement for each calendar year following the receipt of your passing clinical boards.

OPTION 3: It has been _____ years since I **initially** passed a regional or state clinical examination, my clinical competency remains current because (check one of the following):

_____ I successfully passed a regional or state clinical examination, within the last twelve (12) months which tested me on **each of clinical component set forth in Section B, Question 2** of this application

OR

_____ I am currently licensed as a dentist, in good standing, in another jurisdiction and I have completed at least 1,000 hours of active clinical practice within twelve (12) months of my submission of this application. That is, I currently hold a license in the following states:

I submitted an application to PBIS on Date _____ Year _____

Note: If PBIS has not submitted its report to the Board at least 45 days prior to the next scheduled Board jurisprudence exam date, the Board office may notify you that you are ineligible to sit for the examination until such time as the Board receives the PBIS report in conformity with this rule.

SECTION E: AFFIDAVIT OF APPLICANT – All applicants to complete this section:

I am an applicant for licensure as set forth in this document. I have carefully read the questions in the foregoing questionnaire, and have answered them truthfully, fully and completely, without mental reservations of any kind. I understand that any omissions, inaccuracies, and/or willful false statements may delay my application, may result in denial of my application, and/or may be grounds for discipline of any license issued to me. By my signature below, I further understand that application requirements may change when the Board modifies its Rules and Regulations and that the law in place at the time I submit my application shall be the law which governs whether I meet the requirements of issuance of a Wyoming license.

I certify, under penalty or perjury, that the foregoing is true and correct.

Signature of Applicant

Date

NOTARIZATION:

_____, on being duly sworn, says that he/she is the person referred to in the above application for license to practice Dentistry in the State of Wyoming, and that all the statements therein contained are each and all strictly true in every respect, and that the attached photograph is a true likeness of the applicant.

Applicant

State of _____)

County of _____)

I, _____ a Notary Public in and for said County, in the State aforesaid, DO HEREBY CERTIFY that, _____ personally known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person, and acknowledge that he/she signed, sealed and delivered the said instrument as his/her free and voluntary act, for the uses and purposes therein set forth.

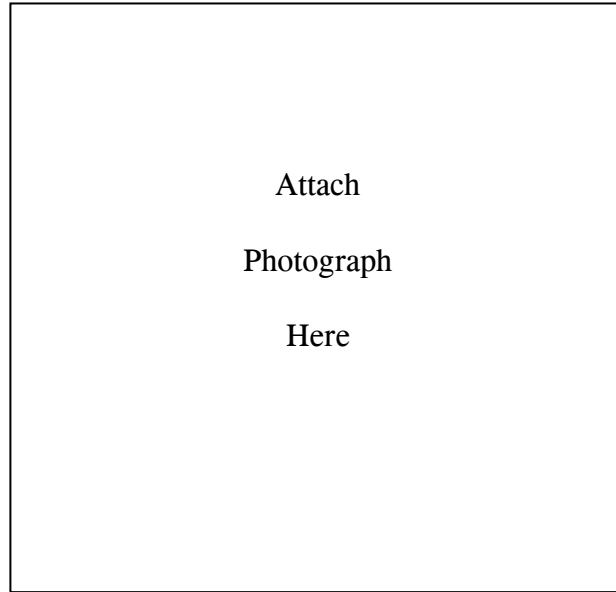
GIVEN UNDER MY HAND AND NOTARIAL SEAL THIS _____ DAY OF _____, 20 _____.

NOTARY PUBLIC

MY COMMISSION EXPIRES: _____

NOTARIAL SEAL

An unmounted bust photograph 3 x 3, of applicant taken not more than six months before date of application, must be pasted in this space and must not be larger than space provided.



The following items must be included before this application is considered complete:

- _____ Copy of CPR certification with date of expiration. CPR certification has to be kept current at all times during the licensure period.
- _____ Official transcript sent directly from the dental school indicating degree.
- _____ Copy of Proof of Legal Presence (Copy of birth certificate etc. See attached list A or B).
- _____ For New Graduate applicants, a certified check or money order for \$300.00 application/examination fee payable to State of Wyoming.
- _____ For Credentialed and Alternative applicants, a certified check or money order for \$750.00 application/examination fee payable to State of Wyoming.

Application, application fee, and proof of graduation must be submitted to the following address before scheduling to sit for the Wyoming Jurisprudence Examination. Incomplete applications will not be scheduled for Jurisprudence Examination. Licensure will not be granted until the entire application is complete and the Board office has verified that all criteria set forth in Chapter 3, Section 3 has been met and the Application Review Committee has determined that no basis for denial of the application exists.

CERTIFICATION/VERIFICATION

(If applicable, to be completed by New Graduate only.)

If you have been granted a license to practice in any other state(s), please have the Secretary of the respective state(s) complete this form and send it directly to the Board office. If you need more copies, you may reproduce this form.

I, _____, Secretary of the _____
hereby certify that _____
was granted license number _____ to practice _____ in the State of _____
on _____, on the basis of _____
and that such license is _____ is not _____ current.

I hereby do _____ do not _____ certify to the good standing of the said applicant as appears on record in this office, and do _____ do not _____ recommend him/her to the Wyoming State Board of Dental Examiners to receive a license, and I further certify that said applicant has _____ has not _____ been the subject of final or pending disciplinary action in this state.

Dated this _____

(Seal)

Secretary